

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 SEP 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0783316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIERCE, ROTHER L SR.
800 DEL LAGO CIRCLE
210
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra S Pierce*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-28-05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIERCE, ROTHER L SR.
STREET ADDRESS 800 DEL LAGO CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE CD
NAME PIERCE, ERNIE B
STREET ADDRESS 6787 MITHCELL STREET
CITY-ST-ZIP JUPITER, FL 33458

TITLE P
NAME PIERCE, DEBRA S
STREET ADDRESS 800 DEL LAGO CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

100060247301
10/05/05--01031--006 **\$61.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra S Pierce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-05 561-775-4518

Date

Daytime Phone #

9/30aw